

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES DIVISION OF SENIOR SERVICES AND REGULATION SECTION FOR LONG TERM CARE RECULATION

FACILITY CONSTRUCTION FACTS SHEET		FACILITY ID NUMBER	
ILITY NAME		REGION	
ADDRESS (STREET, CITY, ZIP CODE)			
TYPE AND NUMBER OF BEDS RCF BEDS ICF BEDS	SNF BEDS	DATE OF INITIAL LICENSE	INSPECTION DATE
CONSTRUCTION TYPE			
NUMBER OF STORIES (NOT COUNTING BASEMENT)	TYPE III (ORDINARY)		
TYPE I (FIRE RESISTIVE)	TYPE IV (HEAVY TIMBER) (2HH)		
TYPE II (NON-COMBUSTIBLE)	TYPE V (WOOD FRAME)		
SPRINKLER SYSTEM			
☐ COMPLETE ☐ PARTIAL ☐ NONE IF PARTIAL, PLEASE EXPI	_AIN.		
NTERIOR FINISH			
FLAME SPREAD: CLASS A CLASS B CLASS C			
ARE CORRIDOR WALLS EQUAL TO OR GREATER THAN ONE-HOUR WITH 1¾ INCH SOLID CORE DOOR? ☐ YES ☐ NO			
OO CORRIDOR WALLS TERMINATE AT CEILING? YES ONO OTHER			
SEPARATION BETWEEN FLOORS HAZARDOUS AREAS	3	SMOKE WALLS	ARE PROVIDED
□ NONE □ SMOKE SEPARATION □ NO SEPARATION	ONE-HOUR SEPARA	TION YES NO)
ONE-HOUR RATED EXITS			
EXIIS			
EACH FLOOR HAS TWO EXITS REMOTE FROM EACH OTHER?			
REQUIRED EXITS FOR UPPER FLOORS ARE: OUTSIDE FIRE ESCAPES INTERIOR STAIRS ENCLOSED FIRE STAIRS			
TYPE OF FIRE ALARM SYSTEM			
BATTERY SMOKE DETECTORS ONLY? YES NO	COMPLETE FIRE ALARM SYSTEM? YES NO		
SMOKE DETECTORS: AT SMOKE DOOR CORRIDORS ROOMS			
MANUAL PULL AT EXITS?	SYSTEM CLOSES SMOKE DOORS?		
S SYSTEM TIED TO FIRE DEPARTMENT?	FIRE DEPARTMENT: FULL-TIME VOLUNTEER		
HEATING AND AIR CONDITIONING			
CENTRAL SYSTEM: OIL OR GAS WOOD ELECTRIC	INDIVIDUAL HEATERS: OIL OR GAS WOOD ELECTRIC		
AIR CONDITIONING: CENTRAL INDIVIDUAL	SPACE HEATERS USED? ☐ YES ☐ NO		
ELECTRICAL SYSTEM			
ELECTRICAL SYSTEM HAS BEEN INSPECTED AND CERTIFIED BY AN ELECTRICIAN TO BE IN GOOD REPAIR AND NOT A SAFETY HAZARD? YES NO	THIS INSPECTION HAS BEEN DONE WITHIN THE LAST TWO YEARS? \square YES \square NO		
WATER AND SEWER SYSTEMS	EMERGENCY POWE	R	
WATER: PUBLIC PRIVATE SEWER: PUBLIC PRIVATE	BATTERY LIGHTING: YES NO EMERGENCY GENERATOR: YES NO GENERATOR TYPE: 1 2 3		